

Committee on Ways and Means  
Witness Disclosure Requirement – “Truth in Testimony”  
Required by House Rule XI, Clause 2(g)

Your Name: Scott Wetzler, PhD.		
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies).  b. Briefly describe the capacity in which you represent this entity.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). University Behavioral Associates, a subsidiary of Montefiore Medical Center  b. Briefly describe the capacity in which you represent this entity.  Chief Operating Officer	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which <u>you have received</u> during the current fiscal year or either of the two previous fiscal years:  US Department of Health & Human Services: Supporting Healthy Marriage (both as direct grantee and as sub-contractor to MDRC) US Department of Labor: Employment and Training for Home Health Aides		
4. Please list any offices or elected positions you hold.  None		
5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years, which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary.  Montefiore Medical Center is the recipient of numerous federal grants and contracts, representing less than 10% of total revenue.		

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\_\_\_\_\_ New York, NY 10021 \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

*Scott Wetzler, PhD.*

Date: \_\_\_\_\_

*2/28/11*